



**PROPOSED AMENDMENT TO
Broward County Administrative Provisions
Chapter I Florida Building Code**

Submittal Date: _____
Item Number: _____
(Office Use only - Leave Blank)

SUBMIT TO: BROWARD COUNTY BOARD OF RULES AND APPEALS
One North University Drive - Suite 3500 B - Plantation, Fl. 33324

Page _____ Code Section _____ Date: _____

Name / Organization: _____

Address: _____

Email: _____

Check One:

- Revise Section
- Add New Section
- Delete Section
- Delete Section and substitute with new Section
- Delete Section without substitution

*NOTE: Underline material to be added
Line thru material to be deleted
Use additional pages as necessary*

Proposed Change:

(if you need additional space , please add a 2nd page)

Record of Action:

Committee: _____

Approved _____ Approved as revised _____ Disapproved _____

Date: ___/___/_____

Board:

Approved _____ Approved as revised _____ Disapproved _____

Date: ___/___/_____

Continue in Page 2

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Fiscal Impact Statement (Provide documentation of the costs and benefits of the proposed modifications to the code for each of the following entities. Cost data should be accompanied by a list of assumptions and supporting documentation. Explain expected benefits.

a. Impact to local entity relative to enforcement of code:

b. Impact to building and property owners relative to cost of compliance with code:

c. Impact to industry relative to cost of compliance with code: (if applicable)

Rationale (Provide an explanation of why you would like this proposed modification)
